N10000004267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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10 APR 30 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 03 2010

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: QUINCY COMMUNITY AND FAMILY HEALTH CENTER, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: COLLEEN B MERINGOLO
Name (Printed or typed)

2425 WAYSIDE FARM ROAD
Address

HAVANA FLORIDA 32333
City, State & Zip

850-694-0016
Daytime Telephone number

COLLEEN.MERINGOLO@ATT.NET
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

QUINCY COMMUNITY AND FAMILY HEALTH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

514 WEST JEFFERSON STREET QUINCY FLORIDA 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE COMMUNITY AND FAMILY PRACTICE HEALTH CARE TO PERSONS AND FAMILIES IN THE GADSDEN COUNTY AND QUINCY AREA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS WILL BE APPOINTED BY CEO

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

COLLEEN MERINGOLO CEO, 2425 WAYSIDE FARM ROAD HAVANA FLA 32333
EMLYN LOUIS, MD PRESIDENT 10284 MEDICIS PLACE WELLINGTON FLORIDA 22449
ANTHONY D. STEPHENS DIRECTOR OF OPERATIONS 44 ANCHORS WAY CRAWFORDVILLE FLA 32327
MARSHA J. HUSZAGH ARNP 194 MEADOW RIDGE DRIVE TALLAHASSEE FLA 32312

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

ANTHONY D. STEPHENS 44 ANCHORS WAY CRAWFORDVILLE FLA 32327

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

COLLEEN MERINGOLO CEO, 2425 WAYSIDE FARM ROAD HAVANA FLA 32333

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent — 04/30/2010 Date

Colleen B. Meringolo

Signature/Incorporator — 04/30/2010 Date